

Preliminary Application

Graduate Library School Tuition Reimbursement Grant

Complete this form and submit with a **letter of recommendation** from your supervisor or library director.

Mail to: Regina Yount

Grants and Contracts Specialist

Kentucky Department for Libraries & Archives

300 Coffee Tree Road

P.O. Box 537

Frankfort, KY 40602-0537.

STUDENT INFORMATION

Name _____

Address _____

County Library _____

Email Address _____

College/University of Interest _____

Expected/Anticipated tuition cost for a three credit hour graduate course. _____

Have you successfully completed any ALA accredited graduate courses? _____

If YES, submit a copy of your latest graduate school transcript

Have you been accepted, or are enrolled, in a graduate library degree program? _____

If YES, please provide the enrollment/acceptance date. _____

Briefly state your career goals and ambitions:

Signature of Student

Date

Signature of Library Director

Date